

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101584,240

FILING DATE

6.26.06

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		①				
5		①				
6		①				
7		①				
8	1					
9		①				
10	1					
11	1					
12	1					
13	1					
14	1					
15		1				
16		1				
17	1					
18		1				
19		1				
20		①				
21		①				
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49						
50						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	14	←		←		←
TOTAL CLAIMS	22					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						